

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS603HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROFESSIONAL HEALTHCARE STAFFIN INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2820 W CHARLESTON SUITE 36 LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of a State Licensure Focused Survey conducted in your facility on 7/26/10 and finalized on 7/28/10. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Fourteen patient records were reviewed. Nineteen employee records were reviewed.</p> <p>The following deficiencies were identified:</p>	H 00		
H188	<p><b>449.797 Contents of Clinical Records</b></p> <p>Clinical records must contain: 5. A copy of:     (a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; and     (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600. This Regulation is not met as evidenced by:</p>	H188		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H188	<p>Continued From page 1</p> <p>Based on record review and interview, the agency failed to ensure that the clinical records contained a copy of documentation required by statute for 5 of 14 patients. (Patient #2, #10, #11, #13, and #14)</p> <p>1. The patient clinical records for Patients #2, #10, #13 and #14 lacked documented evidence of a copy of the patient's durable power of attorney for healthcare.</p> <p>2. The patient clinical records for Patients #11, #13 and #14 lacked documented evidence of the declaration stating their choice for the withholding or withdrawal of life sustaining treatment if such documents had been executed.</p> <p>Severity: 2 Scope: 3</p>	H188			

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